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MAY 31 2005

S/N 10/053,302

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	KIM ET AL.	Examiner:	P. NOLAN
Serial No.:	10/053,302	Group Art Unit:	1644
Filed:	JANUARY 17, 2002	Docket No.:	11669.143US02
Confirmation No.:	6859	Customer No.:	23552
Title:	MONOCLONAL ANTIBODIES TO IFNAR2		

CERTIFICATE UNDER 37 CFR 1.601

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on May 31, 2005.

By: *Sheryl A. Boerboom*
 Name: Sheryl Boerboom

AMENDMENT AND RESPONSE

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Applicants submit this in timely response to the Office Action of February 28, 2005. May 28, 2005 fell on a Saturday, which extends the time for response to Monday, May 30, 2005, which was a holiday, which extends the time for response to Tuesday, May 31, 2005. Entry of this Amendment and reconsideration of the claims is respectfully requested.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

06/06/2005 6DUCKETT 00000006 132725 10053302

01 FC:1201 800.00 DA
 02 FC:1202 200.00 DA

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/053302

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	14	
OR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	2
DEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 14	Minus	** 22	=
Independent	* 1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

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	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 26	Minus	** 22	= 4
Independent	* 7	Minus	*** 3	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

15, 16, 18, 19, 20

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	36
X42=		OR	X84=	
+140=		OR	+280=	280
TOTAL		OR	TOTAL	1080

paid

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	200
X42=		OR	X84=	800
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	1000

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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